



SOLDOTNA POLICE DEPARTMENT

44510 Sterling Highway
Soldotna, Alaska 99669
Tel: (907) 262-4455 Fax:(907) 262-4421



Records Request

CASE NUMBER _____

Your name: _____
Last Name First Name MI

Mailing address: _____
City State Zip

Phone number: _____

Date of incident: _____

Incident type: _____

Name of person(s) involved: _____

Reason for request: _____

You will be contacted by phone when your copy is ready. Reports must be picked up within 2 weeks of notification.

Fee Schedule: The following fees are non-refundable and paid at the time of request:

Report copies \$ 5.00 (page 1 – 10), \$.50 each additional page
CD/DVD/Media \$15.00 per CD

Amount charged \$ _____ Receipt # _____ Date Released: _____

Time Accrued: _____ (Min/Hrs) Copy to COS City Clerk: _____

_____ **REQUEST APPROVED**

_____ **REQUEST DENIED FOR THE FOLLOWING REASON:**

- _____ Pending investigation or adjudication
- _____ No record of incident
- _____ Information protected under AS 40.25.120(a)(6)(c)

Approval for release of 911 audio by KPB SPSCC: _____ Date: _____

Authorized by: _____ Date: _____